

KENPAC PROVIDER CHANGE OF INFORMATION FORM

This form is used to change or update the following information about your active KenPAC provider site:

- Change in the name and number of practitioners affiliated with the site (e.g., a physician, ARNP, or PA has joined or left the practice).

Please complete the form and mail or fax to:

Kentucky Medicaid,
P.O. Box 2110,
Frankfort, KY 40602-2110
Phone (877) 838-5085
Fax (502) 564-3232

KenPAC Provider Name

KenPAC Provider ID Number

NPI (National Provider Identifier)

Site Number

Must be completed in order to process the request

New Practitioners at the site

<i>Last Name</i>	<i>First Name</i>	<i>MI Title</i>	<i>(MD,ARNP,PA)</i>	<i>Specialty Medicaid Provider #</i>
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<i>Last Name</i>	<i>First Name</i>	<i>MI Title</i>	<i>(MD,ARNP,PA)</i>	<i>Specialty Medicaid Provider #</i>
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<i>Last Name</i>	<i>First Name</i>	<i>MI Title</i>	<i>(MD,ARNP,PA)</i>	<i>Specialty Medicaid Provider #</i>
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<i>Last Name</i>	<i>First Name</i>	<i>MI Title</i>	<i>(MD,ARNP,PA)</i>	<i>Specialty Medicaid Provider #</i>
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Practitioners No longer at the site

<i>Last Name</i>	<i>First Name</i>	<i>MI Title</i>	<i>(MD,ARNP,PA)</i>	<i>Specialty Medicaid Provider #</i>
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<i>Last Name</i>	<i>First Name</i>	<i>MI Title</i>	<i>(MD,ARNP,PA)</i>	<i>Specialty Medicaid Provider #</i>
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Signed _____

Date _____

Title _____

Photocopy this form for additional changes.